

CONSERVATION, POPULATION, AND HEALTH: A CONVERSATION WITH JANE GOODALL

Featuring Jane Goodall, Founder, The Jane Goodall Institute

3 April 2003

By Robert Lalasz

Jane Goodall, one of the world's leading primatologists and conservationists, told an audience of Wilson Center staff members that conservation efforts cannot succeed without also ensuring the sustainable livelihoods of those living around protected areas.

Goodall, whose renowned research on wild chimpanzees in Tanzania has made her an international environmental figure, said that she has been shocked at the rampant and unsustainable deforestation around African chimpanzee habitats. "How can we save the chimps if the people outside the forest are struggling to survive?" she asked.

Humanity's Connection to Nature

Goodall has studied and worked with chimpanzees for over 40 years, breaking gender barriers throughout her career. Her Jane Goodall Institute for Wildlife Research, Education and Conservation provides ongoing support for wild chimpanzee and primate field research, increases primate habitat conservation, and builds awareness of the ties between humanity and the environment.

Goodall, who began her Wilson Center

appearance by imitating a chimpanzee greeting, said that the chimpanzee more than any other creature has helped us to understand that we are part of the animal kingdom.

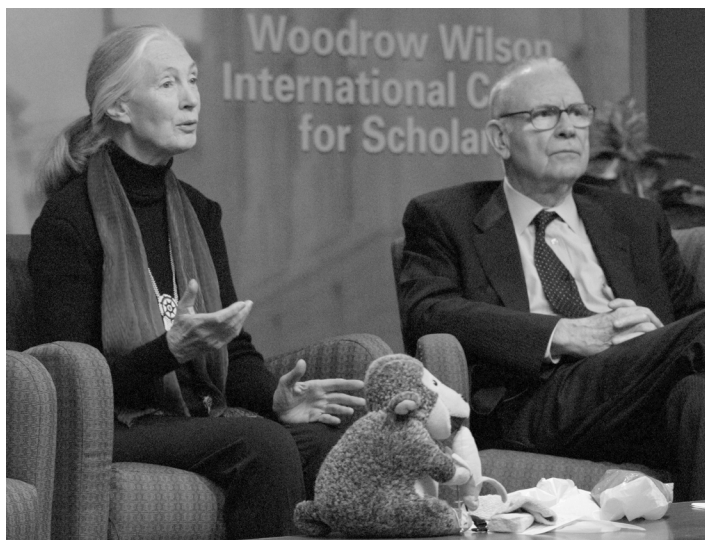
"Chimpanzees show us that the line dividing humanity from animals is very blurry," Goodall said. "We differ in DNA from them by just over one percent. They use objects as tools in a very imaginative way, they show immense skill in social manipulation, and they are quite political creatures."

She added that, like humans, chimpanzees use different strategies to achieve social status. "Some use brute force, but they don't last very long," Goodall joked. "Those who use their brains last longer."

Humanity's Threat to Nature

Goodall said that warfare and unsustainable human economic development now threaten to ruin conservation efforts in Africa and worldwide.

"When I arrived in Tanzania," she said, "there was chimpanzee habitat stretching 30 miles inland from the Gombe National Park shoreline. Now, outside the coastal area, those



Jane Goodall and Wilson Center President Lee H. Hamilton

forests are gone.” Goodall added that streams of refugees from wars in the Great Lakes district of Africa have placed enormous pressures on the Tanzanian environment.

To address these issues, The Jane Goodall Institute developed its TACARE (Lake Tanganyika Catchment Reforestation and Education) Program—a reforestation project in western Tanzania that focuses on improving residents’ standard of living while promoting reforestation, curbing soil erosion, and expanding conservation education of the local population. Goodall said that TACARE has educated villagers on sustainable vegetable growing, cultivation of woodlots, and other sustainable practices while itself becoming self-sustaining, expanding from 12 to 33 villages and run by teams of Tanzanians trained in agroforestry and health care.

“It’s a very poor area,” said Goodall. “TACARE helps them get support of local people not only for chimps’ conservation but also for a more sustainable survival strategy.”

TACARE has also focused on improving the self-esteem and earning potential of women through nine microcredit banks based on the system. Goodall explained that the program funds general education for women as well as specific education in family-planning, HIV/AIDS prevention, and conservation. “We concentrate on education because as education rises, family size drops,” said Goodall.

Goodall noted that growing populations are destroying habitat and creating deserts in parts of Africa. And in Central Africa, where the last significant populations of chimpanzees reside, logging conglomerates are making deep roads into forests, opening them up for migrants and commercial hunters who are feeding an increasing developed-country appetite for bushmeat.

“The situation across Africa is really grim, and the bushmeat trade is a very major problem,” said Goodall. Her Institute’s Congo Basin Project addresses the trade through public education and conservation, and Goodall applauded the United States-led coalition that announced at the Johannesburg World Summit on Sustainable Development a \$60 million fund to stop the trade. Groups such as the Institute also continue to promote sustainability in Central Africa by working with governments, the private sector, and international financial organizations.

Jane Goodall Today

Goodall said that she is now devoting most of her energies “to raising generations of young people to be better stewards of the environment”—especially through her Institute’s Roots and Shoots Program, which educates schoolchildren on the interrelationships between animals, people, and the environment.

Such programs give Goodall hope, as does the resilience of both nature and humanity. She reminded Wilson Center staffers that tree saplings sprung up at Nagasaki soon after the atomic bomb was dropped there, and she displayed talismans that she carries with her everywhere: a feather from a whooping crane, which came back from the brink of extinction; a bit of limestone from Robbin Island Prison, where Nelson Mandela was incarcerated for decades; and a surgical glove from a surgeon who had his hand blown off as a child.

“I was in New York on September 11,” Goodall said, “and on the same day we saw the ultimate evil, using innocent people to kill innocent people, we also saw incredible heroism and generosity of spirit.” She concluded that September 11 should boost efforts to conserve the environment, not defund them.

“If we stop caring about the environment

now, then terrorism will win, because what will we be leaving our children?" Goodall said.

Goodall followed her address by meeting privately with a policy audience at the Wilson Center. Both her conversation with staffers and the private meeting were sponsored by

the Center's Environmental Change and Security Project. **W**

For an edited transcript of Jane Goodall's comments to the policy audience, see her commentary "Bridging the Chasm: Helping People and the Environment Across Africa" on page 1.

The HIV/AIDS Pandemic and Critical Policy Issues for the Armed Forces

Featuring Stuart Kingma, Director, Civil-Military Alliance to Combat HIV and AIDS, and Rodger Yeager, Associate Director, Civil-Military Alliance to Combat HIV and AIDS

22 April 2003

By Robert Lasaz

While civilian populations in many African and other developing country nations are being decimated by the HIV/AIDS pandemic, militaries in these countries are estimated to suffer from even higher HIV infection rates—ultimately posing a threat to force readiness and national and even regional security.

Yet those developing countries with vigorous defense-sector programs of HIV/AIDS prevention education show remarkable results in restraining the pandemic across all sectors, civilian as well as military. In this Wilson Center meeting sponsored by ECSP, Stuart Kingma and Rodger Yeager of the Civil-Military Alliance to Combat HIV and AIDS reviewed critical policy questions that militaries and civil administrations in developing countries must address in confronting their HIV/AIDS problems.

Militaries and the "Second Wave" of HIV/AIDS

With a "second wave" outbreak of HIV/AIDS poised to threaten Asia, Eastern Europe, the Caribbean, and Central America, Kingma and Yeager stressed that militaries in these regions can be a critical bulwark against the pandemic instead of contributing to it.

The main challenge, however, is to engender behavior changes in military attitudes, policies, and precautions regarding HIV. "The only successful means of attack on

transmission comes through changes in behavior," Kingma said. "This is why addressing it substantively is so difficult, along with protection and care for infected."

"The security/defense sector in each country needs an agenda for urgent yet realistic policy development and support," he added. "Some are well on their way—Thailand, Cambodia, Uganda, and Senegal, among others." But Kingma cautioned that many of the most critical policy issues—especially mandatory testing for HIV—tread on touchy legal, ethical, and cultural issues.

Civil-Military Policy Questions

Kingma outlined two kinds of issues related to HIV/AIDS in developing-country militaries: those that militaries share with civil society, and others that are specific to the military.

"The military doesn't exist in a vacuum," said Kingma. "There is always a civil-military interface, made real through chains of personal interaction: dependents, wives, contacts, affairs."

1. STI/HIV prevention

With no vaccine yet in sight for HIV or other sexually transmitted infections (STI), "education is all we have," said Kingma. But he added that effective prevention education must be much more than information transfer: it needs to be incorporated into



Stuart Kingma

recruit training and reinforced before the first post-basic leave period (“the most dangerous time of all in the life of a sexually-active but deprived young person,” said Kingma) as well as in officer and technician training, before and after deployments, and at discharge and demobilization.

2. Male and female condom promotion, provision, and availability

While Kingma said that “mutual fidelity in a stable sex partnership is still the first line of defense versus HIV,” he argued that condoms are the only practical and responsible strategy of the moment against infection. Further, he said that condom use must become a culture—through prevention training that goes beyond group briefings and pamphlets.

3. HIV testing and counseling

While the U.S. military instituted compulsory pre-recruitment HIV screening and periodic testing during service back in 1985, that policy is not universal. The United Nations relies on voluntary testing and prevention programs instead of mandatory testing because of concerns about privacy and possible discrimination against soldiers as well as fears that a mandatory policy would be counterproductive.

Kingma said that a policy of compulsory HIV screening and testing is being adopted by militaries and police forces in an increasing number of countries that are motivated by the burgeoning costs of AIDS care and retraining to fill the positions of people lost to AIDS. Despite the complications of compulsory testing, Kingma said that periodic testing can preserve force readiness and deployment capacity as well as help to (a) ensure longer service for those trained for technical or command positions, (b) adjust duty assignments, and (c) identify infected personnel and their partners for counselling and care.

4. STI/AIDS treatment, care, and family/community support

Kingma said that defense ministries need to equitably balance the competing values of military readiness and national security versus treatment, care, and support for all those affected by the virus.

However, he added that striking such a

balance becomes problematic for defense ministers who do not have sufficiently-funded health budgets. Kingma argued that national treasuries need to accord a fair share of their HIV-care budgets to defense establishments, and that financial, technical, and pharmaceutical support is urgently needed to help civilian and defense/security sectors in developing countries find the answers to the care and support demands they face.

5. The catalytic, complementary role of civil-military collaboration

“Countries with vigorous defense-sector programs in HIV/AIDS preventive education show results in restraining the epidemic across all sectors,” Kingma said, citing Thailand, Uganda, Senegal, Cambodia, Zambia, Morocco, and Tanzania as examples. “The defense sector is critical for successful national AIDS control.”

Military Policy Questions

1. The military workplace as a unique setting for HIV risk and risk management

Kingma argued that HIV/AIDS-related policy issues take on expanded and critical significance when peace breaks down. “At these times, the military may be the only institution able to restore and manage a transition to peace and stability,” he said. “Hence, it’s crucial that militaries address prevention and treatment in their own houses.”

Kingma also noted that militaries draw recruits from the age group at highest risk for STI, and that some circumstances of military life—frequent travel, distant postings, stress and boredom, the habits of professional risk carried over into social contacts, and the attraction of military installations to sex workers—all enhance the risk of STI and HIV transmission to military personnel.

“And the risk environment is further enhanced when the military are involved in missions characterized by open conflict, post-conflict peace enforcing, massive displacement, and other humanitarian emergencies,” Kingma said. Unlike other groups, however, militaries are seldom considered appropriate as recipient of donor funds for HIV prevention programs.

2. Military command and control structures as facilitators of and impediments to HIV prevention and management

While militaries' span of control and chain of commands provide some of the best means to induce change over a wide range of behaviors, Kingma said that changing the sex practices of soldiers who are off-duty or deployed in war is still difficult.

"The answer must go beyond codes of conduct," he said. "We have to become more proactive." He noted that commanding and medical officers respond to somewhat different mandates (maintaining deployable force strength versus maintaining a healthy force), and that since HIV/AIDS is not perceived as a "war-stopper," it is easy for commanders to fall back on the quick fixes of pre-recruitment screening for HIV, a few lectures, and a pamphlet.

"Commanders need to be sensitized to the issues and the sense of urgency," Kingma added. "It's essential that these critical policy questions lead to dynamic and proactive programming in the military establishment."

3. The physical impact of military training and service on the progression of HIV infection to symptomatic AIDS

Although some argue that strenuous military training and service hasten progression of those with living with HIV to symptomatic AIDS, Kingma said studies of the question thus far have been inadequate. "We have been encouraging military medical services to research these factors in greater detail," he said. "The answers will shed light on the validity of HIV screening of recruits."

4. The relationship between length of deployment in operational areas and risk of HIV infection

Kingma said that length of deployment is one variable that strongly influences one's final vulnerability to STI infection. For example, Nigerian military contingents involved in regional peacekeeping efforts in Liberia and Sierra Leone demonstrated a cumulative risk factor increase of 2 percent per annum of deployment.

The military experience, he added, confirms the increased vulnerability of other sectors that are also characterized by a high degree of mobility: long-distance transport

workers, migrant labor, international refugees, and mobile sex workers.

"Will commanders accept the need for ordering shorter tours of deployment and for allocating adequate resources so that preventive education, condom promotion, and peer counseling are reinforced prior to and after deployment?" Kingma asked.

5. Special HIV-related issues of participation in regional and international peacekeeping missions and humanitarian emergencies

Kingma noted that HIV thrives in climates of conflict and socio-economic and political disintegration. "The culture of

"The security/defense sector in each country needs an agenda for urgent yet realistic policy development and support."

—Stuart Kingma

violence turns into a structural risk environment for transmission," he said. "And sudden and absolute poverty of displacement populations makes many turn to sex for sale." He stressed that every operational group present in peacekeeping and humanitarian situations is vulnerable to HIV transmission.

Indeed, in recognizing in January 2000 that HIV was a threat to international health and security, the UN Security Council also mandated enhanced prevention activities for UN peacekeepers before, during, and after deployment. Kingma, however, said that HIV prevention efforts aimed towards UN peacekeepers are underfinanced and most troop-contributing countries cannot afford to contribute monies for these activities.

6. Risk and risk reduction during demobilization, reinsertion, and reintegration into civil society

Countries worldwide face challenges relating to downsizing and demobilizing troops that are HIV-positive. Johanna Mendelson and Manuel Carballo have written that "if demobilization programs do not include prevention and peer counseling, the reintegration of HIV-positive soldiers into new communities and...their original villages may result in a major proliferation of the virus."

However, Kingma added that demobilization offers an opportunity for discharged troops to become agents for change in their home communities—but only if these troops are offered HIV prevention education, counseling, testing, care, and support.

Peacekeeping Issues

In discussion with the audience, Kingma and Yeager said that the issues of HIV/AIDS testing for UN peacekeeping contingents are “exquisitely complex and difficult.” Kingma noted, for example, that a number of troop-contributing countries have objected to a change in UN policy as a challenge to their

continued participation.

“Many defense ministries are funding their entire budgets on the funds the UN contributes to them for peacekeeping,” Kingma said. He added, however, that the issue is under active discussion and review, and that language in the new UNDPKO policy now under development is “getting stronger and stronger” for banning from the peacekeeping field any soldier who is HIV-positive. **W**

For an extended version of this summary, go to www.wilsoncenter.org/ecsp and click on “Event Summaries.”